## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

| CLAIMS AS FILED - PART I |  |   |   |   |  | SMALL ENT           | SMALL ENTITY           |     | OTHER THAN          |                        |
|--------------------------|--|---|---|---|--|---------------------|------------------------|-----|---------------------|------------------------|
|                          |  |   | (Column                                       | ı <b>1</b> )                                | (Column 2)                               | TYPE                |                        | OR  | SMALL E             | NTITY                  |
| U.S. NATIONAL STAGE FEES |  |   |   | • .   |  | RATE                | FEE                    |     | RATE                | FEE .                  |
| BASIC FEE                |  |   | SMALL ENT.                                    | = \$ 150 LA                                 | ARGE ENT. = \$ 300                       | BASIC FEE           | 150                    | OŖ  | BASIC FEE           |                        |
| EXAMINATION FEE          |  |   |   |   | Il other situations =<br>\$ 100 / \$ 200 | EXAMPLE B           | IID                    |     | LARA LEB            |                        |
| SEARCH FEE               |  |   | U.S. is ISA = \$ ALL other cour \$ 200 / \$ 4 | ntries =                                    | Il other situations = \$ 250 / \$ 500    | SEARCH FEE          | 20                     |     | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS. |  |   | minu  | ıs 100 =                                    | / 50 =                                   | X \$ 125 =          |                        |     | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 27 min  | nus 20 = *                                  | 7  | X \$ 25 =           | 175                    | OR. | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS       |  |   | mi  | inus 3 = 👢 _                                |  | X\$100 =            |                        | OR  | X \$ 200 =          |                        |
| MUL.                     | TIPLE DEPEND   | DENT CLAIM PRE                            | ESENT   |   |  | + \$ 180 =          |                        | OR  | + \$ 360 =          |                        |
| * If                     | * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |   |  | TOTAL               |                        | OR  | TOTAL               |                        |
|                          | -  |   |   |   |  |                     |                        |     |                     | :                      |
|                          | CLAIMS AS AMENDED - PART II  |   |   |   |  | •                   |                        | Δ_  | OTHER THAN          |                        |
|                          | (Column 1) (Column 2) (Column  |   |   |   |  | SMALL E             | ENTITY                 | OR  | SMALL E             | NTITY                  |
| AMENDMENT.A              | ,  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·   | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR  | PRESENT<br>LY EXTRA                      | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADƏI-<br>TIONAL<br>FEE |
|                          | Total  | *   | Minus   | **  | =  | X \$ 25 =           | 1                      | OR  | X \$ 50 =           |                        |
|                          | Independent  | *   | Minus   | ***   | =  | X \$ 100 =          |                        | OR  | X \$ 200 =          |                        |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |   |   |   |  | + \$ 180 =          | ,                      | OR  | + \$ 360 =          |                        |
|                          |  |   |   |   |  | TOTAL ADDIT.<br>FEE |                        | OR  | TOTAL ADDIT.<br>FEE |                        |
|                          |  | (Column 1)                                |   |   |  | · •                 |                        |     |                     |                        |
|                          | ·  | CLAIMS REMAINING AFTER AMENDMENT          |   | (Column 2 HIGHEST NUMBER PREVIOUSL PAID FOR | PRESENT<br>LY EXTRA                      | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|                          | Total  | •   | Minus   | **  | -  | X \$ 25 =           |                        | OR  | X \$ 50 =           |                        |
|                          | Independent  | *   | Minus   | ***   | =  | X \$ 100 =          |                        | OR  | X \$ 200 =          |                        |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |   |   |   |  | + \$ 180 =          |                        | OR  | + \$ 360 =          |                        |
| 0                        |  |   |   |   |  | TOTAL ADDIT.<br>FEE |                        | OR  | TOTAL ADDIT.<br>FEE |                        |
|                          | . •  | · .                                       |   |   |  |                     | 10                     |     |                     |                        |

C.Buet

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.